



Please type or print

Company Name		Year Established	SALES VOLUME (past 3 years)	
Address		No. of Employees	YEAR	DOLLAR VOLUME (000)
City/State/Zip		Floor Space (sq. feet)	Last Year 19__	\$
Telephone	Fax Number	Std. Indust. Code No. (s)	2 Yrs. Ago 19__	\$
Contact	Title		3 Yrs. Ago 19__	\$
Type of Business		Normal F.O.B.		

BUSINESS CLASSIFICATION

NOTE: SEE DEFINITIONS ON REVERSE SIDE OF THIS FORM

In accordance with government regulations and prime contract requirements, we are required to verify the business size and classification of our suppliers potential suppliers. The responsibility of determining classification type for your business is yours. If you have questions, please contact your U.S. Small Business Administration Office. **PLEASE CHECK THE APPROPRIATE BOX(ES) IN EACH SECTION.**

SECTION A

- ☐ 1. Large Business Concern ☐ 2. Small Business Concern ☐ 3. Small Disadvantaged Business Concern
☐ 4. Woman-Owned Business ☐ 5. Other Minority Business ☐ 6. Physically Challenged Owner
Organization or Association

SECTION B

Note: Philip Morris recognizes the following groups as minorities. Please check if your business falls into one of these categories.

- ☐ African/Black American ☐ Hispanic American ☐ Native American ☐ Asian Pacific American ☐ Subcontinent Asian American ☐ Hasidic Jewish American

SECTION C

Is the business presently certified as a minority business with any governmental agency or body such as The Small Business Administration, The Minority Business Development Agency, or an affiliated Council of the National Minority Supplier Development Council, etc.? ☐ YES ☐ NO
(You may be requested to submit documentation) Has the business or any principals ever been denied certification by any agency? ☐ YES ☐ NO
If yes, why?

BUSINESS ORGANIZATION: CHECK APPLICABLE BOX(ES)

- ☐ Individual ☐ Partnership ☐ Corporation ☐ Other - Describe ☐ Check here if you require a form 1099
☐ Manufacturer ☐ Distributor ☐ Service Organization

DESCRIPTION OF PRODUCTS and/or SERVICES

GEOGRAPHIC SERVICE AREA(S) and BRANCH LOCATIONS

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REFERENCES

Corporate Customer	Contact	Phone
1.		
2.		
3.		

PRINCIPALS		% Ownership
NAME	TITLE	

The undersigned hereby certifies that the information provided here current, complete and accurate as of this date. If Business Classification checked indicates a minority-owned or woman-owned business, the operated undersigned also certifies that this company is at least 51 owned, operated and controlled by minority individuals or women; a business is awarded under these circumstances, you will be required provide proof of status through an acceptable third party certification Vendor further agrees to advise Philip Morris Companies Inc. of an significant changes. You may be audited and subject to legal action you have misrepresented or falsified your minority status.

CERTIFIED BY (SIGN): _____

NAME (Type or Print): _____

TITLE _____ DATE _____